## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

DODE ICATION DEE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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11/16/2004

TECHNOPROP COLTON, L.L.C. P O BOX 567685 ATLANTA, GA 311567685

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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Lax	irence/P.	Colton_	(Depositor's name)
ha	uu/Kalto	_	(Signature)
<b>/</b> 19	Nøvember	2004	(Date)

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DATE DEE

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/587.587	06/02/2000	Charles R. Cloninger JR.	20903.002US	8962	

TITLE OF INVENTION: JOB ANALYSIS SYSTEM

APPLN. I TPE	SMALL BRITT	ISSUE F.	LL	PUBLICATION FEE	TOTAL PER(S) DOL			
nonprovisional	YES	\$685		\$0	\$685	02/16/2005		
EXA	EXAMINER		TII	CLASS-SUBCLASS				
WASSU	M, LUKE S	2167		707-104100	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO	BE PRINTED ON T	THE PATEN	T (print or type)				
PLEASE NOTE: Unles recordation as set forth	is an assignee is identified in 37 CFR 3.11. Completion	below, no assignee n of this form is NO	data will app T a substitute	pear on the patent. If an assign for filing an assignment.	nee is identified below, the	document has been filed for		
				DD (0/m)   1/m   ## 00 (10)	r rs > 12 rs > 2 rs			
(A) NAME OF ASSIGN	<sub>NEE</sub> th Managemer	`	·	CE: (CITY and STATE OR CO anta, Georgia	UNIKY)			
iComp Heal	th Managemer	t, Inc.	At1a	anta, Georgia		group entity 🗓 Government		
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iComp Heal Please check the appropria 4a. The following fee(s) an	th Managemer	gories (will not be pr	At 1 a rinted on the po. Payment of 1 A check	patent): ☐ Individual 🚨 C	orporation or other private g	group entity 🚨 Government		
iComp Heal  Please check the appropria  4a. The following fee(s) are  I ssue Fee  Publication Fee (No	th Managemer te assignee category or cate e enclosed:	gories (will not be pu	At 1 a ninted on the po. Payment of A check	patent): Individual In	orporation or other private galectories.  Solve is attached.	group entity  Government Government or credit any overpayment, to copy of this form).		
iComp Heal  Please check the appropria  4a. The following fee(s) are  in Fee  Publication Fee (No Advance Order - # of  Change in Entity Statu  a. Applicant claims	th Managemer te assignee category or cate e enclosed: small entity discount permi of Copies	gories (will not be pu	Atlatinted on the po. Payment of A check Payment of The Dir Deposit Acc	patent): Individual Confects: In the amount of the fee(s) is er t by credit card. Form PTO-2038 ector is hereby authorized by count Number cant is no longer claiming SMA	orporation or other private goodsed.  8 is attached. harge the required fee(s), of (enclose an extra)  LL ENTITY status. See 37	or credit any overpayment, to copy of this form).  CFR 1.27(g)(2).		
iComp Heal  Please check the appropria  4a. The following fee(s) are  in Fee  Publication Fee (No Advance Order - # of  Change in Entity Statu  a. Applicant claims	th Managemer te assignee category or cate e enclosed: small entity discount permi of Copies	gories (will not be pu	Atlatinted on the po. Payment of A check Payment of The Dir Deposit Acc	patent): Individual Confects: In the amount of the fee(s) is er t by credit card. Form PTO-2038 ector is hereby authorized by count Number	orporation or other private goodsed.  8 is attached. harge the required fee(s), of (enclose an extra)  LL ENTITY status. See 37	or credit any overpayment, to copy of this form).  CFR 1.27(g)(2).		
iComp Heal  Please check the appropria  4a. The following fee(s) are  in Fee  Publication Fee (No Advance Order - # of  Change in Entity Statu  a. Applicant claims	th Managemer te assignee category or cate e enclosed: small entity discount permit of Copies s (from status indicated abo SMALL ENTITY status. Se Publication Fee (if required cords of the United States P	gories (will not be pu	Atlatinted on the po. Payment of A check Payment of The Dir Deposit Acc	patent): Individual Confector is hereby authorized by count Number cant is no longer claiming SMA ny) or to re-apply any previousite other than the applicant; a reg	orporation or other private goodsed.  8 is attached. harge the required fee(s), of (enclose an extra)  LL ENTITY status. See 37	or credit any overpayment, to copy of this form).  CFR 1.27(g)(2).  cation identified above, the assignee or other party in		

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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<b>FEE TRANSMITTA</b>	.1	Complete if Known	
	Application Number	09/587587	
for FY 2005	Filing Date	06/02/2000	
Effective 10/01/2004. Patent fees are subject to annual revis	ion. First Named Invento	CLONINGER	
Applicant claims small entity status. See 37 CFR 1.2	27 Examiner Name	Wassum, L.S.	
	Art Unit	2167	
TOTAL AMOUNT OF PAYMENT (\$) \$68	5.00 Attorney Docket No.	20903.002US	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Mone Other None	3. ADDITIONAL FEES			FEES		
Deposit Account:	Large I Fee	Entity Fee	Sma Fee	LEntity Fee		
Deposit	Code	(\$)	Code	(\$)	Fee Description	Fee Paid
Account Number	1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
Account Name	1053	130	1053	130	Non - English specification	
The Director is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge any additonal fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	_
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	430	2252	215	Extension for reply within second month	
1. BASIC FILING FEE	1253	980	2253	490	Extension for reply within third month	
Large Entity   Small Entity	1254	1,530	2254	765	Extension for reply within fourth month	
Fee Fee Fee Fee Description	1255	2,080	2255	1,040	Extension for reply within fifth month	
Code (\$)         Code (\$)         Fee Paid           1001 790         2001 395 Utility filing fee         0.00	1401	340	2401	170	Notice of Appeal	
1002 350 2002 175 Design filing fee 0.00	1402	340	2402	170	Filing a brief in support of an appeal	
1003 550 2003 275 Plant filing fee 0.00	1403	300	2403	150	Request for oral hearing	
1004 790 2004 395 Reissue filing 0.00	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2005 80 Provisional filing fee 0.00	1452	110	2452	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$) \$0.00	1453	1,370	2453	685	Petition to revive - unintentional	
	1501	1,370	2501	685	Utility issue fee (or reissue)	685.00
2. EXTRA CLAIM FEES FOR UTILITY AND Fee from	1502	490	2502	245	Design issue fee	
Extra Claims below Fee Paid	1503	660	2503	330	Plant issue fee	
Total Claims	1460	130	1460	130	Petitions to the Commissioner	
Independent	1807	50	1807	50	Processing fee under 37 CFR § 1.17(q)	
Large Entity   Small Entity	1806	180	1806	180	Submission of Information Disclosure Statement	
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395	For each additional invention to be examined	
1204 88 2204 44 ** Reissue independent claims	1801	790	2801	395	(37 CFR § 1.129(b)) Reguest for Continued Examination (RCE)	
over original patent	1802	900		900	Request for expedited examination	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Oth	er fee (	specify	)	of a design application	
SUBTOTAL (2) (\$) \$0.00						
**or number previously paid, if greater; For Reissues, see above	*Red	iuced b	y Basi	Filing	Fee Paid SUBTOTAL (3) (\$)	\$685.00
SUBMITTED BY					Complete (if applicable)	

Registration No. 33,371 Telephon 770.522.9762 Name (Attorney/Agent) 19 November 2004 Signature

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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/587587
Filing Date	06/02/2000
First Named Inventor	CLONINGER, JR.
Art Unit	2177
Examiner Name	Wassum, L.S.
Attorney Docket Number	20903.002US

			ENCLOSU	IRES (check all that appl	y)		
Fee Transmit	tal Form		Drawing(s	s)		After Allowance communication to Technology Center (TC)	
Fee A	Fee Attached		Licensing-	-related Papers		Appeal Communication to Board of Appeals and Interferences	
Amendment	/ Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply	
Afte	r Final	Petition to Convert a Provisional Application			Proprietary Information		
Affid	avits/declaration(s)			Attorney, Revocation f Correspondence Address		Status Letter	
Extension of	Time Request		Terminal I	Disclaimer	X	Other Enclosure(s) (please identify below):	
Express Aba	Express Abandonment Request		Request for Refund			PTOL-85 PTO-2038	
Information D	Disclosure Statement	CD, Number of CD(s)					
Certified Cop Document(s	•	Remarks					
Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53		No addi	tional fee	ne Fee is being fsubmitted pris s are necessary. Direct any c on, at 770.522.9762.	ior to t questio	he deadline of 16 February 2005. ns to the attorney of record,	
	SIGNATUR	RE OF A	PPLICAN	NT, ATTORNEY, OR AGEN	Т		
Firm or Individual name	Laurence P. Colton TECHNOPROP COLTON LLC						
Signature	gnature Janua Ralto						
Date							
				<del></del>			

## **CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name Laurence P. Colton

Signature Date 19 November 2004

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